

SERFF Tracking Number: MANU-126899184 State: Arkansas
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 47377
 Company Tracking Number: NB5092USR (10/2010)
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: NB5092USR (10/2010)
 Project Name/Number: NB5092USR (10/2010)/NB5092USR (10/2010)

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: NB5092USR (10/2010)

SERFF Tr Num: MANU-126899184 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- State Tr Num: 47377
 Closed

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: NB5092USR (10/2010) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Nina Kassim, Helene

Disposition Date: 11/30/2010

Landow, Karren Phair, Debbie Tom,
 Jacqueline Lau

Date Submitted: 11/23/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: NB5092USR (10/2010)

Status of Filing in Domicile: Authorized

Project Number: NB5092USR (10/2010)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/30/2010

Explanation for Other Group Market Type:

State Status Changed: 11/30/2010

Deemer Date:

Created By: Nina Kassim

Submitted By: Nina Kassim

Corresponding Filing Tracking Number:

Filing Description:

INDIVIDUAL LIFE

Application Form NB5092USR (10/2010) - Application for Term Life Insurance – Single Life

We are submitting the above new application form for your approval to be used with state approved Individual Term Life Insurance policies. This new form does not replace any currently approved forms.

<i>SERFF Tracking Number:</i>	<i>MANU-126899184</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>		<i>State Tracking Number: 47377</i>
<i>Company Tracking Number:</i>	<i>NB5092USR (10/2010)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>NB5092USR (10/2010)</i>		
<i>Project Name/Number:</i>	<i>NB5092USR (10/2010)/NB5092USR (10/2010)</i>		

No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards. The form will be available electronically for completion and submission either in printed or electronic format, providing the option for wet or electronic signature, without change in the pre-formatted content.

Form NB5092USR (10/2010), Application for Term Life Insurance – Single Life, will be used to apply for single life, Individual Term Life Insurance policies.

The Service Office address and the Products selections under the Coverage Details section are being filed as variable information [shown in brackets] to accommodate future changes. Any new riders will be filed for state approval as required.

We trust the form is acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me collect at 416-926-3575 or via email at nina_kassim@jhancock.com.

Enclosures:
Statement of Variability
Filing Fee (EFT)
Flesch Score Certificate

Company and Contact

Filing Contact Information

Nina Kassim, Contract & Compliance Specialist nina_kassim@jhancock.com
P. O. Box 600 416-926-3575 [Phone]
Buffalo, NY 14201-0600 416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company (U.S.A.)	CoCode: 65838	State of Domicile: Michigan
P. O. Box 600	Group Code: 904	Company Type: insurance/financial
Contracts and Compliance	Group Name:	State ID Number:
Buffalo, NY 14201-0600	FEIN Number: 01-0233346	
(416) 926-3000 ext. [Phone]		

Filing Fees

SERFF Tracking Number: MANU-126899184 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 47377
Company Tracking Number: NB5092USR (10/2010)
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: NB5092USR (10/2010)
Project Name/Number: NB5092USR (10/2010)/NB5092USR (10/2010)

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 X 1 form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	11/23/2010	42233999

SERFF Tracking Number: *MANU-126899184* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company (U.S.A.)* *State Tracking Number:* *47377*
Company Tracking Number: *NB5092USR (10/2010)*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*
Product Name: *NB5092USR (10/2010)*
Project Name/Number: *NB5092USR (10/2010)/NB5092USR (10/2010)*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/30/2010	11/30/2010

SERFF Tracking Number: MANU-126899184 *State:* Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) *State Tracking Number:* 47377
Company Tracking Number: NB5092USR (10/2010)
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: NB5092USR (10/2010)
Project Name/Number: NB5092USR (10/2010)/NB5092USR (10/2010)

Disposition

Disposition Date: 11/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-126899184 *State:* Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) *State Tracking Number:* 47377
Company Tracking Number: NB5092USR (10/2010)
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: NB5092USR (10/2010)
Project Name/Number: NB5092USR (10/2010)/NB5092USR (10/2010)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Application for Term Life Insurance – Single Life		Yes

SERFF Tracking Number: MANU-126899184 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 47377

Company Tracking Number: NB5092USR (10/2010)

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: NB5092USR (10/2010)

Project Name/Number: NB5092USR (10/2010)/NB5092USR (10/2010)

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NB5092US	Application/	Application for Term	Initial			NB5092USR
	R (10/2010)	Enrollment	Life Insurance –				(10-2010).pdf
		Form	Single Life				



LIFE INSURANCE

Service Office:
Life New Business
197 Clarendon Street
Boston MA 02116-5010

Application for Term Life Insurance - Single Life
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured and Owner.
Use the Additional Information/Special Requests section for additional space or special requests if required.

PROPOSED LIFE INSURED

1. a) Name			b) Sex	
First	Middle	Last	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
JOHN M. DOE				
c) Date of Birth		d) Place of Birth	e) Social Security Number	
Month	Day	State	Country	
0	4	ANYTOWN	USA	
f) Telephone Nos.		g) E-mail Address		
Personal 905 123-4567 Business 905 234-5678		johnndoe@hotmail.com		
h) Driver's License No.		i) Citizenship		
1234567890		<input checked="" type="checkbox"/> US <input type="checkbox"/> Other - give details: (include U.S. Visa information)		
j) Primary Residence		k) Total years at this address		
Street Address City State Zip Code		5		
1999 MARCH STREET ANYTOWN, ANYSTATE 12345				
l) Do you have a secondary residence?		m) Occupation		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - provide address including zip code and months per year at this address in Additional Information Q 28.		COMPANY PRESIDENT		
		<input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		
n) Employer				
ABC COMPANY				
o) Gross Annual Income		p) Net Worth		
Earned	Unearned	<input checked="" type="checkbox"/> Personal		
\$ 300,000	\$ 100,000	\$ 2.6 M		
Financial Supplement for Personal Insurance NB5125 may be required.				
q) Purpose of Insurance				
<input checked="" type="checkbox"/> Estate Conservation <input type="checkbox"/> Business Insurance - complete Business Insurance section Q 29				
<input type="checkbox"/> Wealth Transfer <input type="checkbox"/> Income Replacement <input type="checkbox"/> Other - give details:				
r) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details:				

OWNER - List additional Owners and details in Additional Information Q 28

2. Who is the Owner?	<input checked="" type="checkbox"/> Proposed Life Insured	<input type="checkbox"/> Business Partner
	<input type="checkbox"/> Trust	<input type="checkbox"/> Trust to be Established
	<input type="checkbox"/> Other - give relationship to Proposed Life Insured	<input type="checkbox"/> Employer

Provide details below, if other than Proposed Life Insured. If Trust Owner, complete the Trust Certification PS5101. Trust Agreement may be required.

3. a) Name		b) Date of Birth/Trust Date	
		Month	Day
		Year	
c) Address		Zip Code	
Street Address City State			
d) Social Security/Tax ID Number (if applicable)		e) E-mail Address	
4. Multiple Owners - Type of Ownership			
<input type="checkbox"/> Joint with right of Survivorship <input type="checkbox"/> Tenants in common			

BENEFICIARY INFORMATION - Subject to change by Owner. (List additional beneficiaries in Additional Information Q 28)

5. a) Name	<input checked="" type="checkbox"/> Primary	Relationship to Proposed Life Insured	Percentage
JAMES M. DOE		SON	100%
b) Name	<input type="checkbox"/> Primary	Relationship to Proposed Life Insured	Percentage
	<input type="checkbox"/> Secondary		%

COVERAGE DETAILS

6. ☒ **Term 10** ☐ **Term 15** ☐ **Term 20** ☐ **Other**

a) Face Amount \$ **250,000**

b) Riders and Benefits (if applicable)

☐ Total Disability Waiver

☐ Conversion Extension Rider (T15 & T20 only)

☐ Accelerated Death Benefit (for terminal illness)

☐ Other

7. If an additional or optional policy is being applied for by the Owner in a separate application, state plan and face amount.

Plan Name

\$

PREMIUMS AND FUNDING INFORMATION

8. Frequency ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Pre-Authorized Monthly Payment Plan (complete Q 33)
☐ Other

9. Send Premium Notices and Correspondence to: (Select One)

☐ Owner ☒ Proposed Life Insured

☐ Other First Middle Last Relationship to Proposed Life Insured

Street Address

City

State

Zip Code

10. Premium Source

☒ Earned Income ☐ Unearned Income ☐ Loan (complete question 11)

☐ Liquidating Assets - give details:

☐ An individual and/or entity other than the
Proposed Life Insured's employer - give details:

☐ Settled Contracts - give details:

☐ Other - give details:

Complete question 11, if premium source is a loan.

11. a) Who is the lender?

b) What amount and type of collateral is required to secure the loan?

Amount

Type of Collateral

\$

c) In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?

☐ No ☐ Yes - give details:

EXISTING AND PENDING INFORMATION

If more space is required attach additional page that has been signed by the Owner and Proposed Life Insured.

12. Does the Owner have any existing life insurance and/or annuity policies?

☒ No ☐ Yes - complete state appropriate replacement forms.

13. Provide information for each policy in force on the Proposed Life Insured with all companies, including any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity. If **'None'**, check this box. ☒

Company	Insurance		Issue Date	To Remain in Force?		1035 Exchange?		Settled or Sold		Face Amount Including Riders
	Personal	Business		Yes	No	Yes	No	Yes	Year	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

14. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. **Do not include informal inquiries.**

Company	Face Amount Including Riders	Company	Face Amount Including Riders
	\$		\$

b) Total formal coverage pending (including this application) you plan to accept. \$ **250,000**

15. Is there any inforce and applied for coverage on your spouse?

☐ Yes - Total Coverage Amount \$

☒ No

☐ No spouse

16. Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount?

☐ No ☐ Yes - give details:

GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 24 for 'Yes' answers.

17. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes', give details of type of nicotine product, amount and frequency and date last used in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
18. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, frequency and duration in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
19. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes in the last 2 years? If 'Yes', complete Aviation Questionnaire NB5009 . b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If 'Yes', complete appropriate Avocation Questionnaire .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
20. a) Have you been cited for one or more moving violations within the last 2 years? b) Have you been cited for driving while intoxicated or while otherwise impaired?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
21. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
22. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
23. Are you a member of the armed forces, including the reserves? If 'Yes', complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109 .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24. Details for 'Yes' answers for questions 17 - 23.	
Question No.	Details

INFORMATION REGARDING LAST MEDICAL CONSULTATION

25. a) Date of last visit to ANY doctor/physician	Month JAN	Day 15	Year 2009
b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed) ANNUAL CHECK-UP - NONE			
c) Physician Name, Address and Telephone Number ARTHER H. SMITH, 123 MAIN STREET , ANY TOWN, ANYSTATE 12347			
d) Provide Primary Physician name and contact information, if different from 25 c).			

MEDICAL CERTIFICATION

26. Have you completed a life insurance para/medical examination? If 'Yes', complete chart below and Q 27. If 'No', proceed to Q 28.			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
John Hancock Exam	OR Other Company's Exam	Name of Other Insurance Company	Date of Examination month year
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Have you had any illness, injury, operation or treatment, or has there been any change in your health since the date of the examination? If 'Yes', give details in Additional Information/Special Requests Q 28.			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required.

28.

COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION**BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124.**29. a) Business Insurance Purpose ☐ Key Person ☐ Buy Sell ☐ Business Loan ☐ Other _____

	Assets	Liabilities	Gross Sales	Net Income	Fair Market Value of the Business
Current Year	\$	\$	\$	\$	\$
Previous Year	\$	\$	\$	\$	\$

b) How was the amount applied for determined?

c) What percentage of the business is owned by the Proposed Life Insured? %

d) Are other partners/owners/executives insured or applying for life insurance with any company?

☐ No ☐ Yes - give details:**TEMPORARY LIFE INSURANCE AGREEMENT APPLICATION**☒ **Not Applicable****Complete this section only if applying for Temporary Life Insurance and the criteria is met.**Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

1. questions 30 to 32 are answered **'Yes'** or left blank; or
2. the Proposed Life Insured is under age 20 or over age 70; or
3. the amount applied for is more than \$10,000,000.

30. Within the last 24 months, has the Proposed Life Insured under this application:

- a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer?
- b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed?
- c) been declined for life insurance?

☐ No ☐ Yes☐ No ☐ Yes☐ No ☐ Yes

31. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?

☐ No ☐ Yes

32. Does the Proposed Life Insured reside outside the United States more than 6 months per year?

☐ No ☐ Yes**PRE-AUTHORIZED PAYMENT PLAN - To be completed by Owner**☒ **Not Applicable**33. Request for Pre-Authorized Payment Plan ☐ Yes

By selecting **'Yes'**, I hereby authorize and request The Company to draw checks (which may include withdrawals made electronically) monthly on my account to pay premiums, and/or repay loans on this policy or any policies subsequently designated.

Checking Account No. _____ Routing No. _____

I understand and agree that:

- a) Such checks (which may include withdrawals made electronically) shall be drawn monthly to pay premiums falling due on the designated policies.
- b) While the Pre-Authorized Payment Plan is in effect, The Company will not give notices of premiums falling due on such policies.
- c) The Pre-Authorized Payment Plan may be terminated by the bank depositor or by written notice to The Company by the Owner. If the Pre-Authorized Payment plan is terminated, premiums falling due thereafter shall be payable directly to The Company as provided in the policy.
- d) **The first premium paid must be submitted by check.**

Attach voided sample check.**Attach Voided Check here**

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

DECLARATIONS

The Proposed Life Insured and Owner declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured will become part of the insurance policy issued as a result of this application.
2. **Policy Effective Date:**
 - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured, (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured, and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
 - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
3. **Employer Owned Policies:** The Proposed Life Insured confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured, (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
5. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

AUTHORIZATION TO OBTAIN INFORMATION

I, the Proposed Life Insured, authorize:

1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me.

I authorize The Company to disclose such information and any information developed during its evaluation of my application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me; (d) me; (e) my insurance agent, when that agent is seeking insurance coverage through The Company on my behalf; (f) any medical professional designated by me; or (g) any person or entity entitled to receive such information by law or as I may further consent.

I acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am entitled, or my authorized representative is entitled, to a copy of this authorization.

SIGNATURES

X

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at City State This Day of Year

X

Signature of Proposed Life Insured if other than Owner

AGENT SIGNATURE

I certify that all the information supplied by the Proposed Life Insured and Owner has truly and accurately been recorded on the application.

X

Signature of Agent/Registered Representative

Date

SERFF Tracking Number: MANU-126899184 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 47377
Company Tracking Number: NB5092USR (10/2010)
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: NB5092USR (10/2010)
Project Name/Number: NB5092USR (10/2010)/NB5092USR (10/2010)

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: flesch ar.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: SOV - NB5092USR (10-2010).pdf		

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

FLESCH SCORE CERTIFICATE

FOR THE STATE OF ARKANSAS

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test, and that this form meets the requirements of your readability legislation.

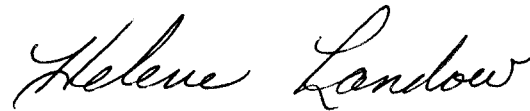
FORM NUMBER

READABILITY SCORE

NB5092USR (10/2010)

40

November 23, 2010
Date

A handwritten signature in cursive script that reads "Helene Landow". The signature is written in dark ink and is positioned above a horizontal line.

Helene Landow, FLMI, ACP
Director, Contracts and Compliance

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

STATEMENT OF VARIABILITY

November 10, 2010

APPLICATION FOR TERM LIFE INSURANCE – SINGLE LIFE

FORM NB5092USR (10/2010)

Section/Section #	Page Number	Description
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/ # 6	Page 2	The Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.